

Name In Full

Certificate of Death

Walter Brines

Town

County

Died at

Hampden

Charles

MARYLAND

Date 19

03

Month

Day

Feb 26

Y.

M.

D.

Native of

Occupation

Age

12

md

Male

~~White~~~~Married~~

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband
of

Wife

Father's

Name

William Brines

Mother's

Maiden Name

Ely Henon

Cause of

Primary

pneumonia

How long sick

Death

Immediate

9 1/2

Accident, Suicide, Homicide

Reported by

Williams Keys

Address

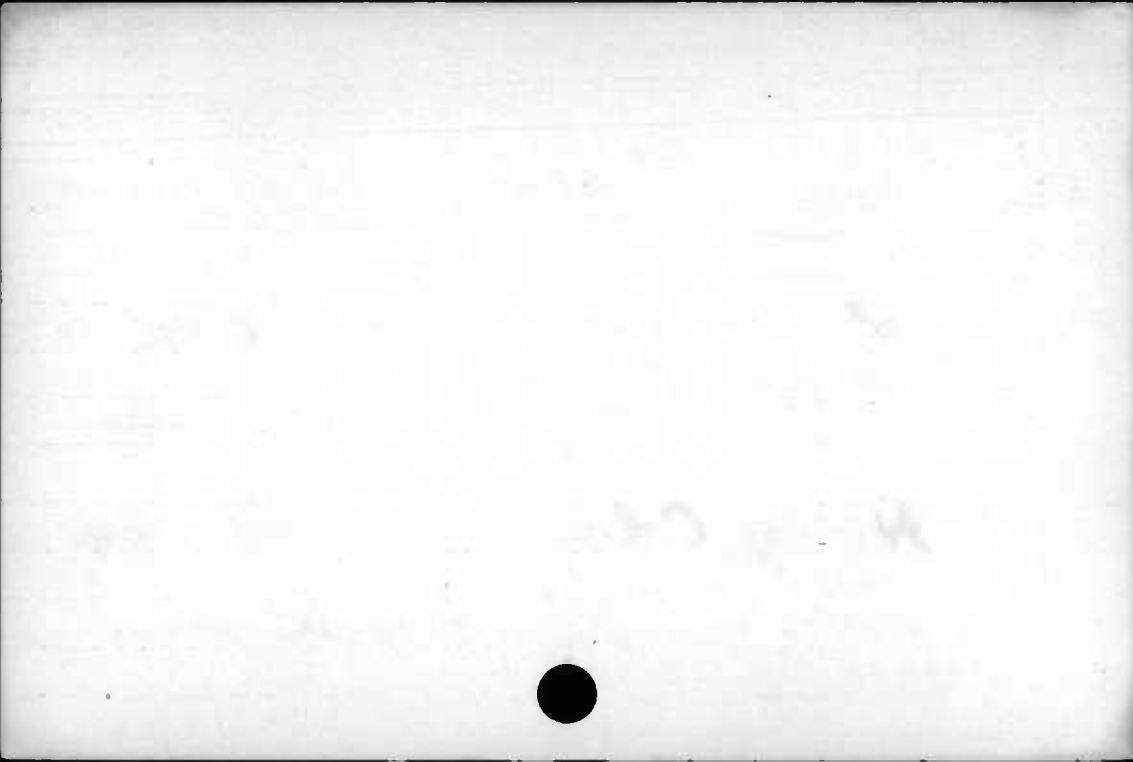
Hampden

Charles Co Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full		Town				County		MAYLAND	
Died at		Palmyra City -				Charles			
Date of death 1903	Month	Day	Age	Years	Months	Days			
Sex	Female	Color or Race	White	Birth-place	Ind				
Married, Single or Widowed	Widowed			Occupation	Homes keeper				
Name of Wife or Husband	Chas Brooks								
Father's Name					Father's Birthplace				
Mother's Maiden Name					Mother's Birthplace				
Name of person giving information	Jim Brooks				How related to deceased	Son			
<div>CAUSES OF DEATH</div>									
PHYSICIAN OR CORONER	Primary					How long			
	Immediate	Heart Failure				How long			
	Are the name, age, sex, color, date and place correctly given above?	Yes				Signature of Physician	L. C. Choppelean		
	Address					Hughesville Ind			
Accident or Suicide?									



Name
in
Full

Bena Farrell

CERTIFICATE OF DEATH

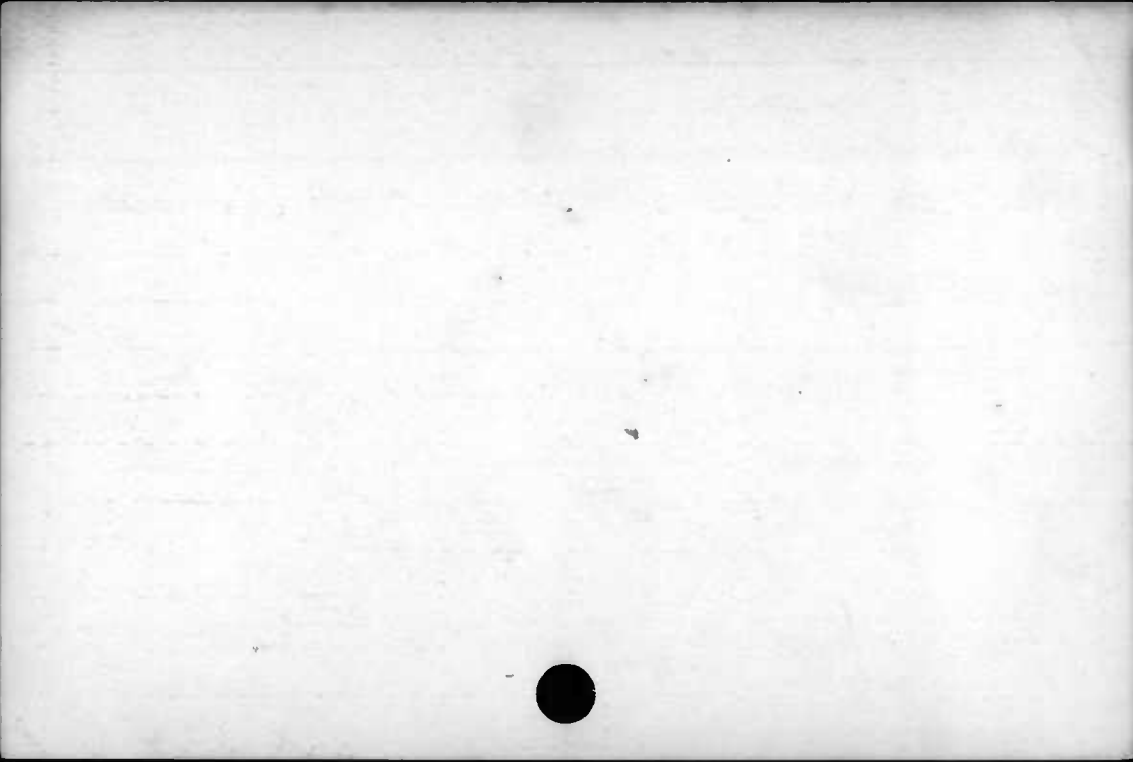
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Cedar Point</i> Town		<i>Ches</i> County		MARYLAND	
Date of death 190 <i>3</i>	Month <i>2</i>	Day <i>6</i>	Age Years <i>2</i>	Months <i>3</i>	Days
Sex <i>Female</i>	Color or Race <i>Black</i>		Birth-place <i>Ches Co Md</i>		
Married, Single or Widowed <i>—</i>			Occupation <i>—</i>		
Name of Wife or Husband <i>—</i>					
Father's Name <i>John Farrell</i>			Father's Birthplace <i>Ches Co Md</i>		
Mother's Maiden Name <i>Maggie Brown</i>			Mother's Birthplace <i>" "</i>		
Name of person giving information <i>Wm Farrell</i>			How related to deceased <i>Uncle</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Heavy Cold</i>	How long <i>6 days</i>
Immediate <i>—</i>	How long <i>179</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>None in attendance</i>
<i>Yes</i>	Address
Accident or Suicide?	



Name
in
Full

Mattie Froy

CERTIFICATE OF DEATH

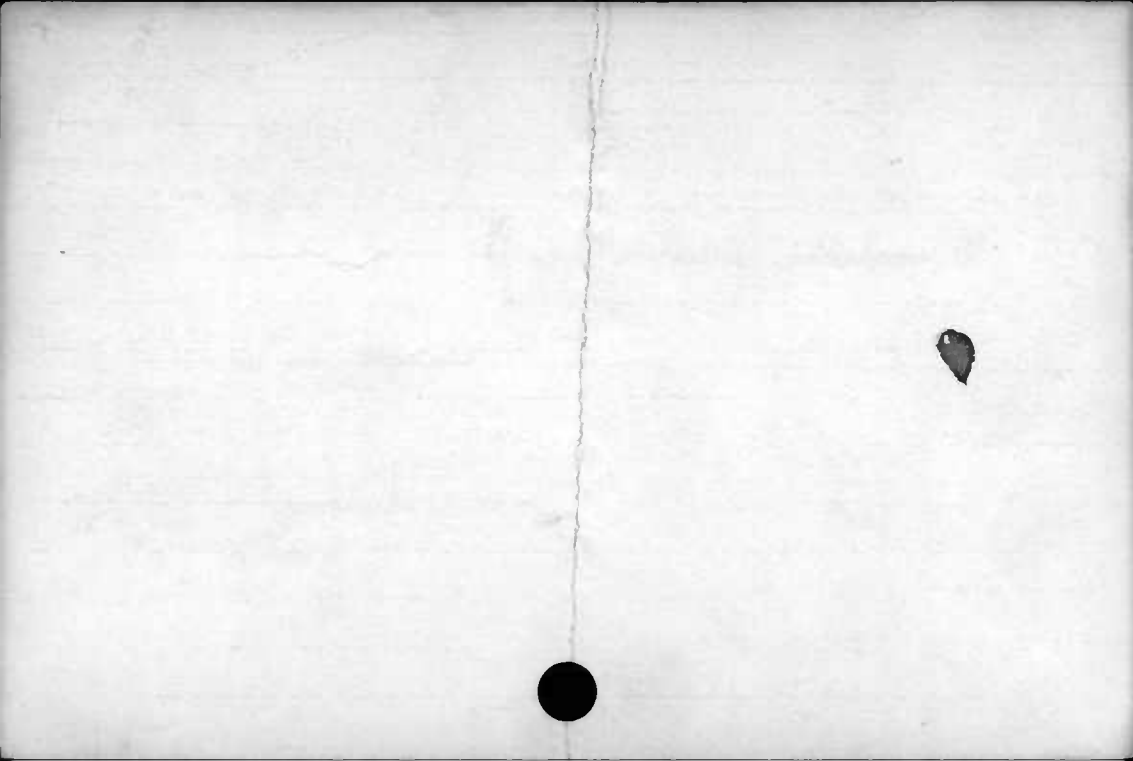
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Pennock</u> Town		<u>Cherokee</u> County		MARYLAND	
Date of death 190	3	Month	Feb	Day	21
Age		Years	3	Months	5
Sex	<u>Female</u>		Color or Race	<u>Colored</u>	
Married, Single or Widowed		<u>Single</u>		Birth-place	<u>D.C.</u>
Occupation		<u>None</u>			
Name of Wife or Husband <u>— — — — —</u>					
Father's Name			<u>George Froy</u>		
Father's Birthplace			<u>D.C.</u>		
Mother's Maiden Name			<u>Anna King</u>		
Mother's Birthplace			<u>Ind.</u>		
Name of person giving Information			<u>Edward Peranson</u>		
How related to deceased			<u>Son</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Malaria</u>	How long	<u>6</u>
Immediate	<u>Peritonitis</u>	How long	<u>Ten days</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<u>Yes</u>		<u>J. W. Mitchell</u>	
Accident or Suicide?		Address	
<u>No</u>		<u>Pennock Ind</u>	



Name in Full

Certificate of Death

Charlotte Webster Biddings

Town

County

Died at

MARYLAND

Died at Indian Head Charles
 Date 1893 1903 Month Feb. Day 3 Age 74 Y. 4 M. 25 D. 25 Native of U.S.A. Occupation Housewife.
 Male White Married Widow ~~Divorced~~
 Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living nine

Husband

of

Wife

Father's

Name

Mother's

Name

Cause of

Primary

Immediate

Death

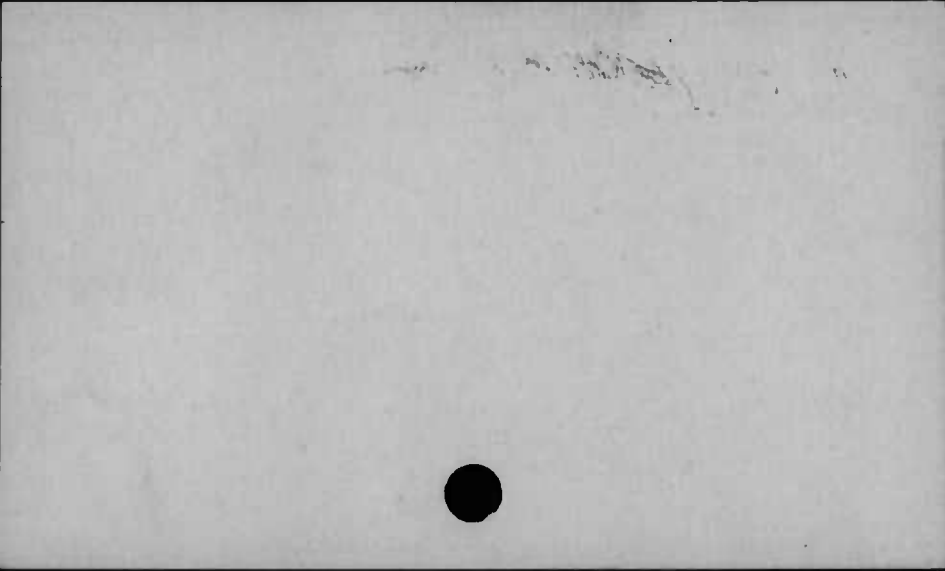
How long sick

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65068



Name
in
Full

Ella Haislip

CERTIFICATE OF DEATH

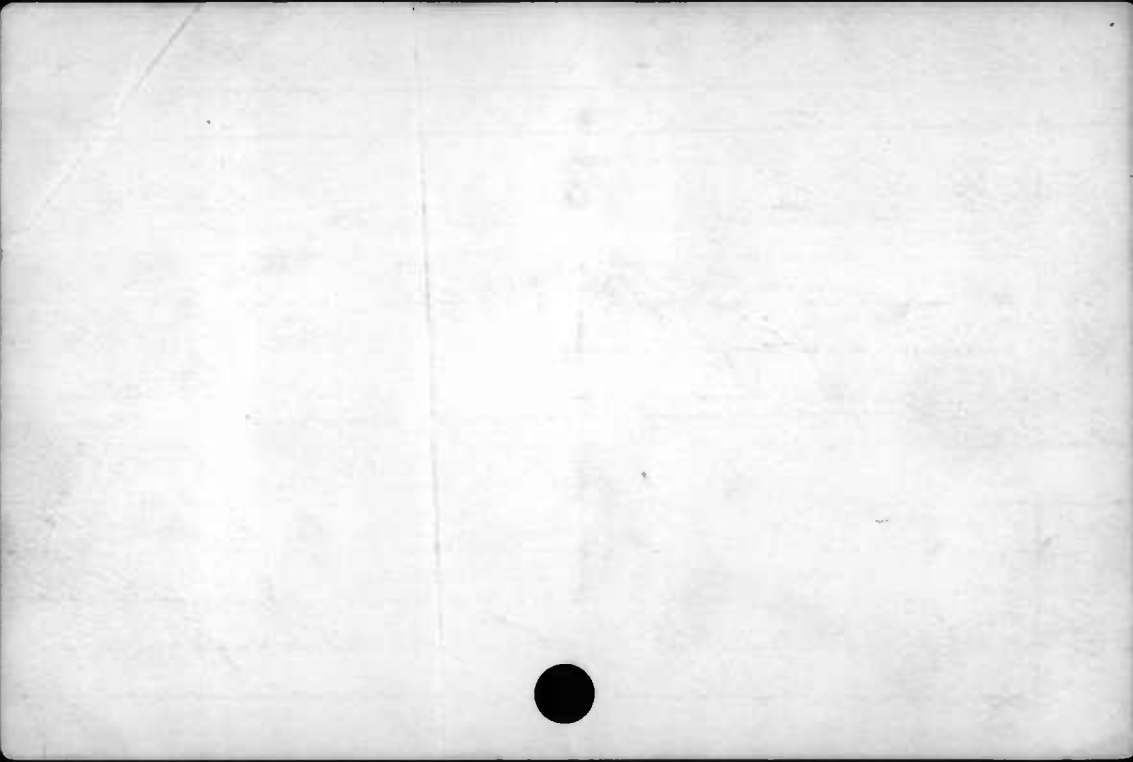
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Nanperry</i> Town		<i>Charles</i> County		MARYLAND	
Date of death 190 <i>3</i> Month <i>Feb.</i>	Day <i>21</i>	Age <i>46</i> Years	Months <i>—</i>	Days <i>—</i>	
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Ind.</i>			
Married Widowed		Occupation			
Name of Wife or Husband <i>Thos. N. Haislip</i>					
Father's Name <i>Ed Wheeler</i>		Father's Birthplace <i>Ind.</i>			
Mother's Maiden Name <i>Watson</i>		Mother's Birthplace <i>Ind.</i>			
Name of person giving information <i>Robt Marbury</i>		How related to deceased <i>—</i>			

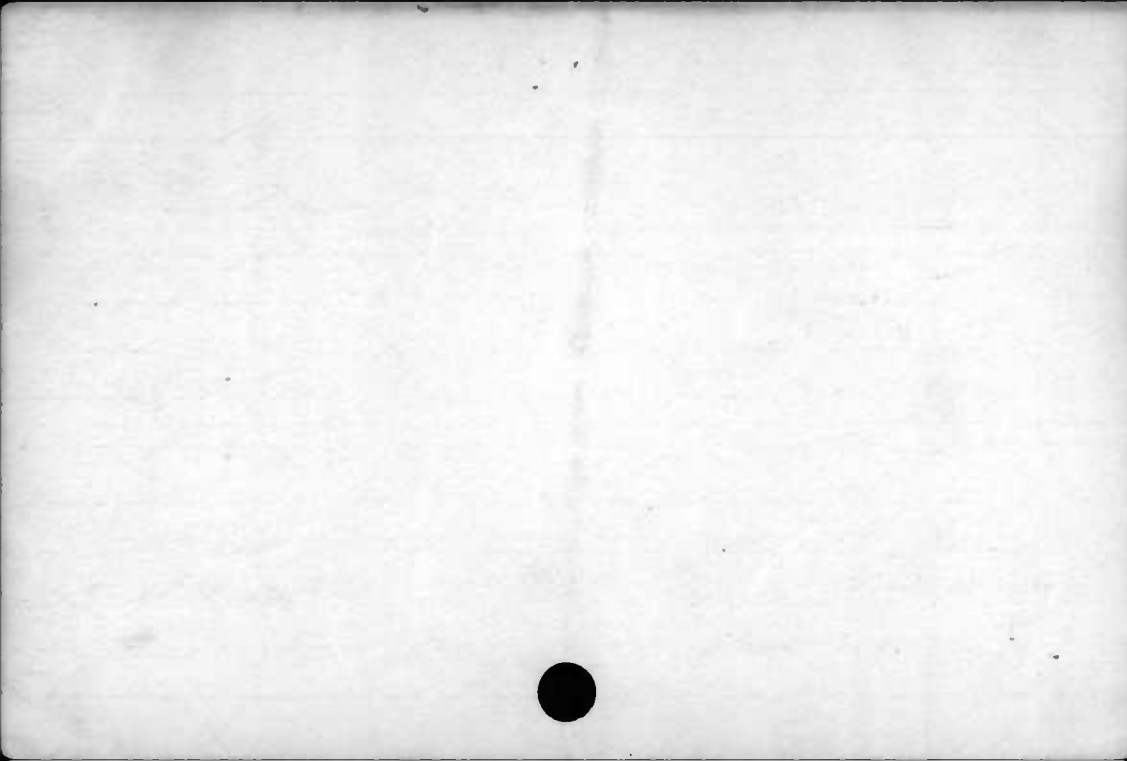
CAUSES OF DEATH *2*

PHYSICIAN
OR CORONER

Primary <i>Tuberculosis (consumption)</i>	How long <i>2 years</i>
Immediate <i>Exhaustion</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>S. H. Vlietman</i>
	Address <i>Raytown</i>
Accident Suicide?	



Name in Full		Julie B. Haislip				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town		County		MARYLAND
	Date of death 1903		Month	Day	Age	Years	
	Sex		Color or Race		Birth-place		Months
	Married, Single or Widowed		Occupation		Days		
	Name of Wife Husband		Alphus Haislip				
	Father's Name		Mother's Maiden Name		Father's Birthplace		Mother's Birthplace
	Name of person giving information		How related to deceased				
				CAUSES OF DEATH		120	
PHYSICIAN OR CORONER	Primary		Uremia & Complication		How long		6 days
	Immediate				How long		
	Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician		S. H. Speake
					Address		
	Accident or Suicide?						



Name in Full

Certificate of Death

Elizabeth Hawkins

Town

County

MARYLAND

Died at

Mechanic

Charles

Date

1903

Month

Day

Y.

M.

D.

Native of

Occupation

July 6

Age

21

Corney

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband

of

Wife

Father's

Name

Nuge Hawkins

Mother's

Name

Catherine Hawkins

Cause of

Primary

Immediate

Not Known

151

How long sick

6 Days

Accident, Suicide, Homicide

Reported by

Nuge Hawkins

Address

Mechanic Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Attended by Dr.

of

Seen by Coroner

of

Information contained in this certificate received

from

of



Stiles Borne

Died at *Mcminico* Town *Charles* County **MARYLAND**

Date 189 *3* Month *July* Day *2* Y. *-* M. *-* D. *-* Native of *Connery* Occupation *-*

Male *White* Married *-* Widow *-* Divorced *-*

Female *-* Colored *-* Single *-* Widower *-* Number of children living *-*

Husband of

Wife

Father's Name

Mother's Name

Cause of

Primary

How long sick

Death

Immediate

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Attended by Dr.

of

Seen by Coroner


of

Information contained in this certificate received

from

of



Name in Full James R. Johnson		CERTIFICATE OF DEATH			
Died at Bryantown Town		Charles County		MARYLAND	
Date of death 190 2	Month Feb	Day 14	Years 18	Months	Days
Sex Male	Color or Race Black		Birth-place Maryland		
Married, Single or Widowed Single			Occupation Laborer		
Name of Wife or Husband					
Father's Name Joseph Johnson			Father's Birthplace Ind		
Mother's Maiden Name Mary Johnson			Mother's Birthplace Ind		
Name of person giving information Joseph Johnson			How related to deceased Father		
CAUSES OF DEATH					
PHYSICIAN OR CORONER	Primary Grip		How long		
	Immediate Consumption		How long 12 months		
	Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician J. J. Brown		
	Address Waldorf Ind				
Accident or Suicide?					



Name
in
Full

Charles Jones

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Pisgah ^{Town} Charles ^{County} MARYLAND

Date of death 190 3 ^{Month} 2 ^{Day} 22 Age 55 ^{Years} Months Days

Sex Male Color or Race C Birth-place Md

Married, Single or Widowed Occupation Farmer

Name of Wife or Husband Mary Jones

Father's Name NOT KNOWN Father's Birthplace Md

Mother's Maiden Name " J. H. " Green Mother's Birthplace Md

Name of person giving information J. H. Green 79 How related to deceased Nephew

CAUSES OF DEATH

PHYSICIAN
OR CORONER

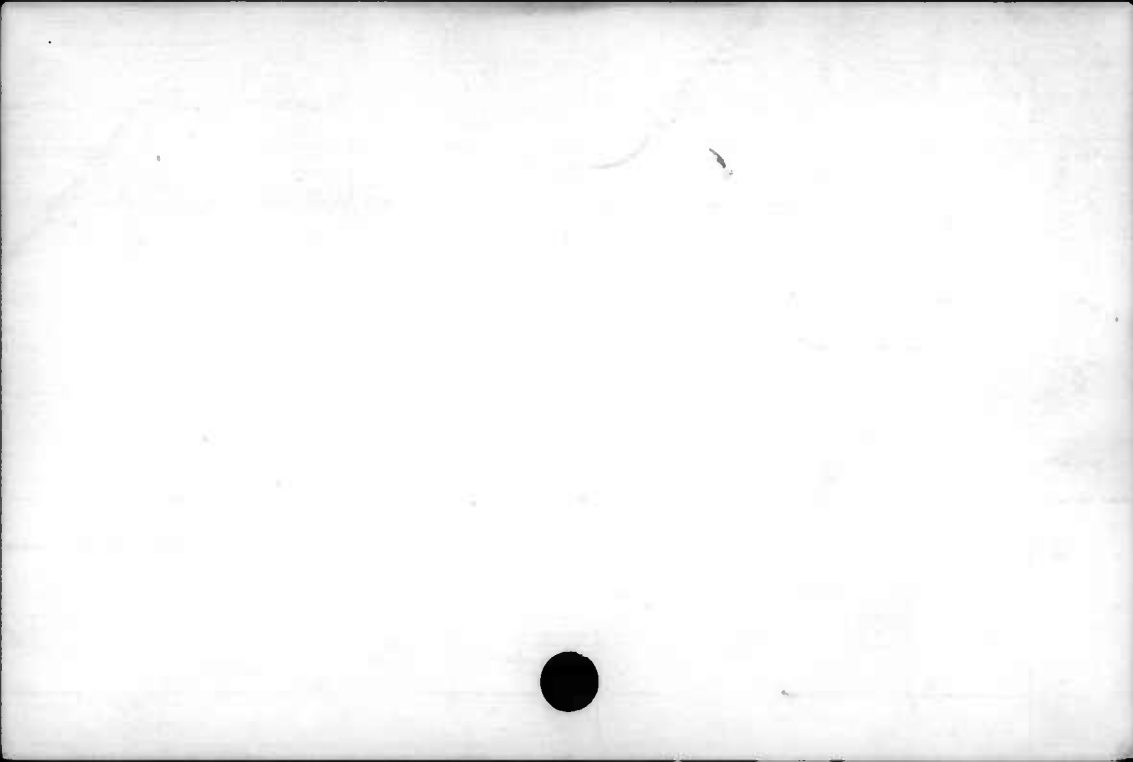
Primary Cardiac Complication How long 10 months

Immediate General Oedema How long 3 months

Are the name, age, sex, color, date and place correctly given above? Yes Signature of Physician Sam. L. Hermon M.D.

Address Mason Springs Md

Accident or Suicide? No



Name
in
Full

B. & Son Thores

CERTIFICATE OF DEATH

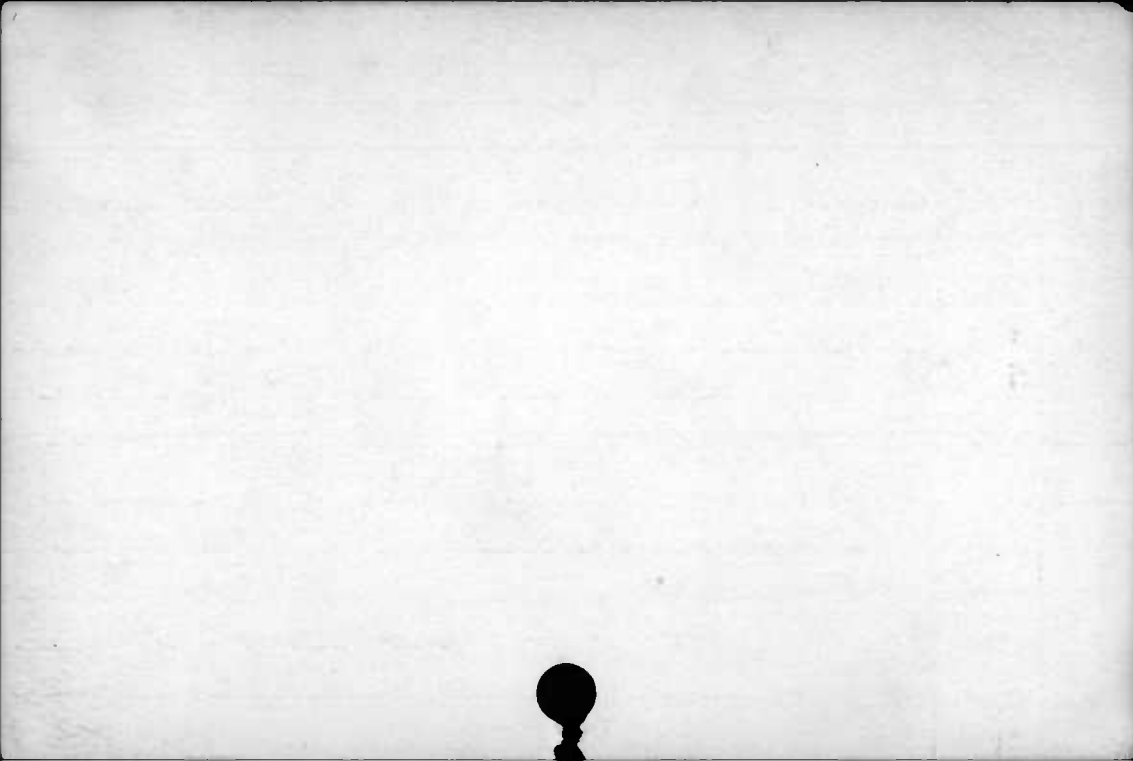
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>White Plains</i>		Town <i>White Plains</i>		County <i>W. H. Harris</i>		MARYLAND	
Date of death 1903	Month <i>Feb</i>	Day <i>7</i>	Age <i>74</i>	Years <i>11</i>	Months <i>7</i>	Days	
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Maryland</i>				
Married, Single or Widowed <i>Married</i>			Occupation <i>Farmer</i>				
Name of Wife - <i>Mary Roby</i>							
Father's Name <i>James Moore</i>				Father's Birthplace <i>Ind</i>			
Mother's Maiden Name <i>Mary Adams</i>				Mother's Birthplace <i>Ind</i>			
Name of person giving information <i>B. A. Thores</i>				How related to deceased <i>Son</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>General debility</i>	How long <i>one year</i>
Immediate <i>Heart failure</i>	How long <i>thunder</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>B. A. Thores</i>
	Address <i>Waldorf Ind</i>
As a cause of death?	



ame
in
Full

Mary C. Padgett-

CERTIFICATE OF DEATH

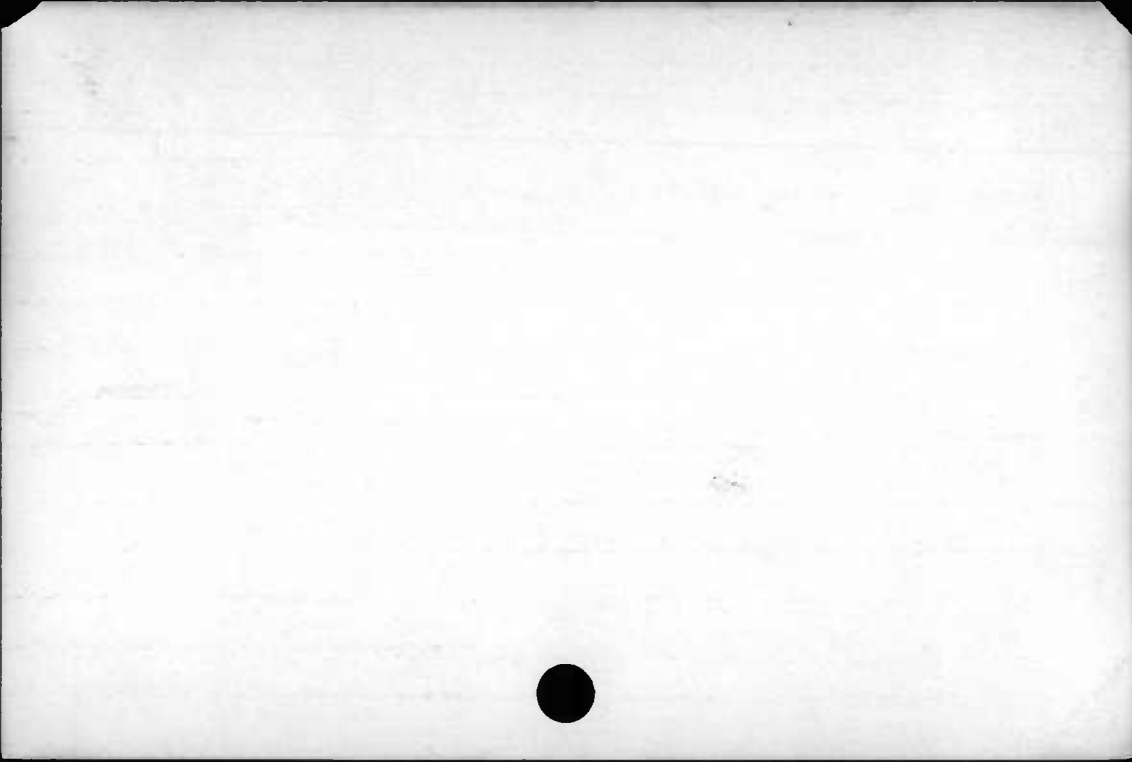
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>near Charlotte Hall</i>		Town <i>Charlotte Hall</i>		County <i>Charles</i>		MARYLAND	
Date of death 1903	Month <i>Feb</i>	Day <i>15</i>	Years	Age <i>74</i>	Months	Days	
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Ind</i>				
Married, Single or Widowed <i>Married</i>			Occupation <i>Stone Layer</i>				
Name of Wife or Husband <i>Joseph Padgett-</i>							
Father's Name				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving information <i>John Padgett-</i>				How related to deceased <i>Son</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>La Grippe</i>	How long	<i>1 week</i>
Immediate	<i>Heart failure</i>	How long	
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>H. C. Chapin</i>
		Address	<i>Stuyvesant Hill Ind</i>
Accident or Suicide?			



Town

County

MARYLAND

Died at *near White Plains*

Month

Day

Y.

M.

D.

Native of

Occupation

Date *1903**Feb**14*

Age

*7**Charles Co*

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

*1*Husband
of
Wife

Father's

Name

Harry Penney

Mother's

Name

Mary V Penney

Cause of

Primary

Bad cold

How long sick

Death

Immediate

*Cold**17*
151
~~Accident~~ ~~Suicide~~ ~~Homicide~~

Reported by

Father

Address

White Plains Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Alexander Sanders
 Town County

MARYLAND

Died at

Date 19 03 Feb 4 Age 10 Y. M. D. Native of MD Occupation Laborer

Male

~~White~~~~Married~~

Widow

Divorced

~~Female~~

Colored

Single

Widower

Number of children living

Husband

of

Wife

Fether's

Name

Robert L. Sanders Mother's Maiden Name Jenny Small

Ceuse of

Primary

How long sick

Death

Immediate

Heart Failure

Accident, Suicide, Homicide

Reported by

Robert Sanders, Father of

Address

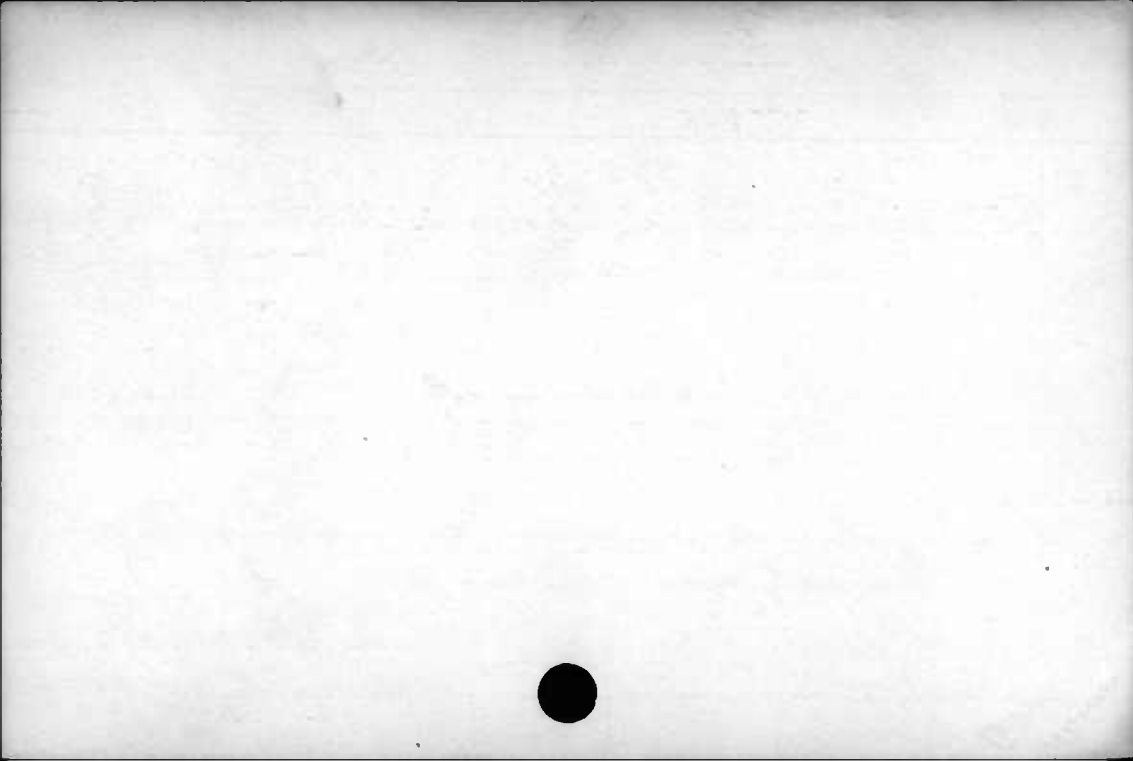
Graytown Charles Co MD

Must be signed by physician, if any In attendance, otherwise by coroner, undertaker or minister

no Dr in attendance
 at time of death



Name in Full		CERTIFICATE OF DEATH					
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town <i>Begun town</i>		County <i>Charles</i>		MARYLAND
	Date of death 1903		Month <i>Feb</i>	Day <i>4</i>	Age	Years	Months Days
	Sex <i>Female</i>		Color or Race <i>negro</i>		Birth- place <i>Ind</i>		
	Married, Single or Widowed <i>Married</i>		Occupation <i>House wife</i>				
	Name of Wife or Husband <i>Henry Stewart</i>						
	Father's Name					Father's Birthplace	
	Mother's Maiden Name					Mother's Birthplace	
	Name of person giving In formation <i>Henry Stewart</i>					How related to deceased <i>Husband</i>	
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary <i>Bright's</i>				How long <i>6 mos</i>		
	Immediate <i>Uremic convulsion</i>				How long		
	Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>				Signature of Physician <i>J. C. Choppeles -</i>		
	Accident or Suicide?				Address <i>Song his little</i> <i>Ind</i>		



Name
in
Full

Ann Rebecca Swann

CERTIFICATE OF DEATH

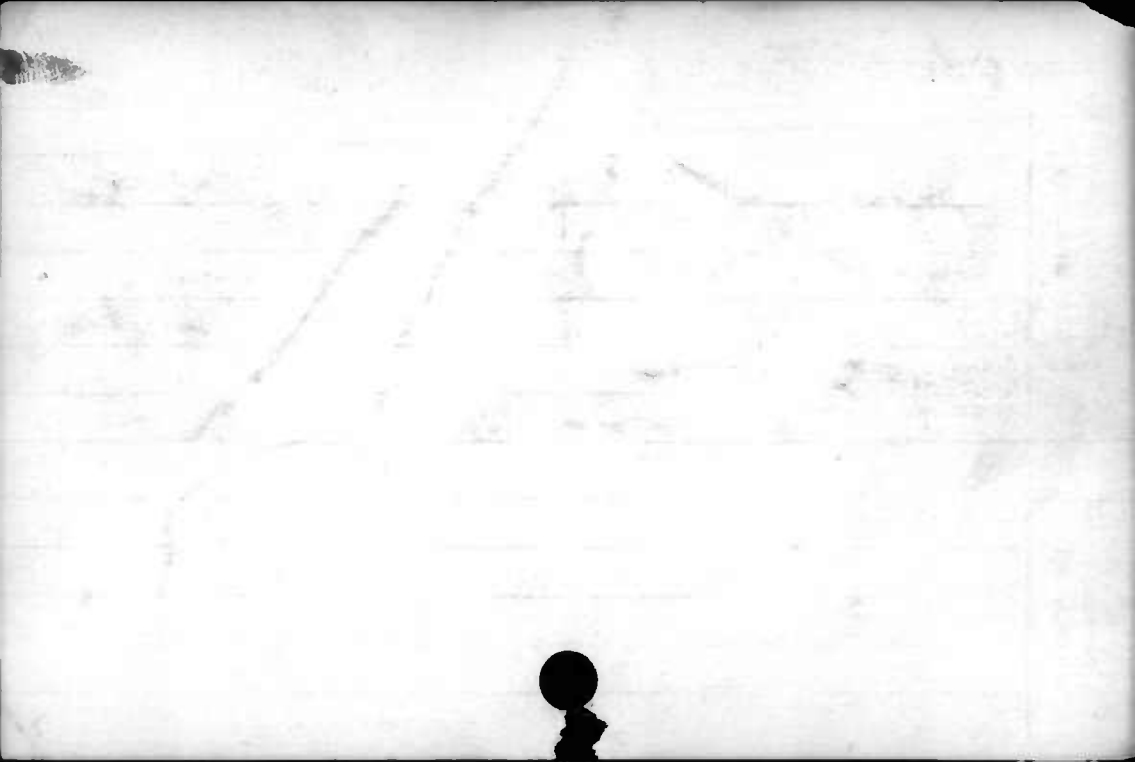
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Glymont</i> ^{Town}		<i>Charles</i> ^{County}		MARYLAND	
Date of death 190 <i>3</i>	Month <i>Feb</i>	Day <i>5</i>	Age <i>78</i>	Years <i>11</i>	Months <i>11</i>
Sex <i>Female</i>	Color or Race <i>C</i>		Birth-place <i>Maryland</i>		
Married, Single or Widowed <i>Widow</i>			Occupation <i>None</i>		
Name of Wife or Husband _____					
Father's Name <i>Charles Adams</i>			Father's Birthplace <i>Maryland</i>		
Mother's Maiden Name <i>Theresa - Gager</i>			Mother's Birthplace <i>Maryland</i>		
Name of person giving information <i>John T. Swann</i>			How related to deceased <i>Son</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Senile Degeneration</i>	How long <i>3 months or more</i>
Immediate <i>General Oedema of Cardiac Failure</i>	How long <i>3 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Paul T. Harmon M.D.</i>
	Address <i>Mason Spring Md.</i>
Accident or Suicide?	



Name
in
Full

Francis Louis Thomas
Newport Town Ches County

CERTIFICATE OF DEATH

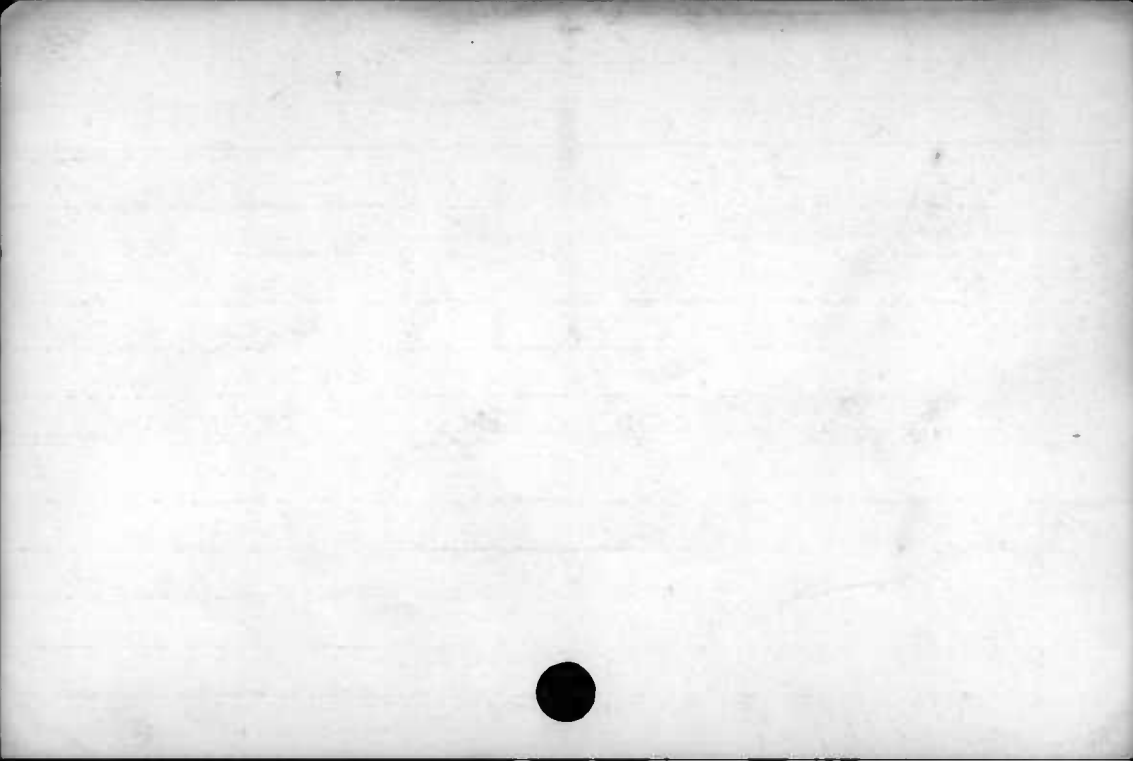
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Newport		Ches County		MARYLAND	
Date of death 1903		Month	Feb	Day	25	Age	Years
Sex		Male		Color or Race		Colored	
Married, Single or Widowed				Occupation			
Name of Wife or Husband							
Father's Name				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving information				How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary		How long	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Address		Address	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

L. A. Welch		Town		County		MARYLAND	
Died at		Pisgah		Charles			
Date of death 1903	Month	Day	Age	Years	Months	Days	
	2	16	27				
Sex	male	Color or Race	white	Birth-place	md		
Married Single or Widowed	Single		Occupation	Sailor			
Name of Wife or Husband							
Father's name				Father's Birthplace			
Patrick Welch				md			
Mother's Maiden Name				Mother's Birthplace			
Mary Welch				md			
Name of person giving information				How related to deceased			
Wm Welch 27				Brother			

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	Phthisis, Syphilis, & Nervous	How long	12 months
	Immediate	Anemia & Cardiac Failure	How long	12 months
	Are the name, age, sex, color, date and place correctly given above?		Yes	
	Signature of Physician		D. L. Hanson MD	
		Address		Mason Springs md
Accident or Suicide?				

